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APPLICANTS

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** CONTINUING DATA *****

none AB

** FOREIGN APPLICATIONS *****

none AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	8	20	6
Examiner's Signature <i>Andrew B. Bina</i> Initials <i>AB</i>				

ADDRESS

52144

FLETCHER YODER (TYCO INTERNATIONAL, LTD.)

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TITLE

Laryngeal airway device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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